

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5877	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name ROGER A MASON P.O. Box, Bldg., Room No., if any 300 Street 2610 CROW CANYON RD City SAN RAMON State CALIFORNIA ZIP Code + 4 94583	4. Name, file number, and address of labor organization. Name SMWIA Local #104 Labor Organization File Number 016-871 P.O. Box, Building and Room Number, if any 300 Street 2610 CROW CANYON RD. City SAN RAMON State CALIFORNIA ZIP Code + 4 94583
5. Position in labor organization. VICE PRESIDENT Local Union #104 E-BOARD	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code - 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Roger Mason

On

1-18-2006

Date

925-229-1048

Telephone Number

Name of Person Filing ROGER A. MASON	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name SMW LOCAL 104 & BAY AREA INDUSTRY TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1700 MARINA BLVD. City SAN LEANDRO State CALIFORNIA ZIP Code + 4 94577	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust <input checked="" type="checkbox"/> c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ALLEMPLOYERS SIGNATORY TO SMWIA LOCAL 104 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUST RECEIVES CONTRIBUTIONS FROM ALL SIGNATORY EMPLOYERS AND TRAINS UNION APPRENTICES 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2-9-05 CFC Certification/TESTING</td> <td style="width: 20%; text-align: right;">336.38</td> </tr> <tr> <td>3-05 REGIONAL Contest Hotel</td> <td style="text-align: right;">213.84</td> </tr> <tr> <td>3-05 REGIONAL Contest BANQUET</td> <td style="text-align: right;">150.00</td> </tr> </table>	2-9-05 CFC Certification/TESTING	336.38	3-05 REGIONAL Contest Hotel	213.84	3-05 REGIONAL Contest BANQUET	150.00
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3-05 REGIONAL Contest Hotel	213.84						
3-05 REGIONAL Contest BANQUET	150.00						
12.b. Amount. 700.22							

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.